

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No 1545-0687

2018

Open to Public Inspection for 501(c)(3) Organizations Only

For calendar year 2018 or other tax year beginning and ending

Go to www.irs.gov/Form990T for instructions and the latest information

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury Internal Revenue Service

A Check box if address changed

Name of organization (Check box if name changed and see instructions.)

D Employer identification number (Employees' trust, see instructions)

B Exempt under section 501(c)(3) 408(e) 220(e) 408A 530(a) 529(a)

Print or Type

HOUSTON HEALTHCARE SYSTEM, INC.

71-1045299

Number, street, and room or suite no. If a P.O. box, see instructions.

1601 WATSON BOULEVARD

E Unrelated business activity code (See instructions)

City or town, state or province, country, and ZIP or foreign postal code

WARNER ROBINS, GA 31093

900099

C Book value of all assets at end of year 2,061,343.

F Group exemption number (See instructions.)

G Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust

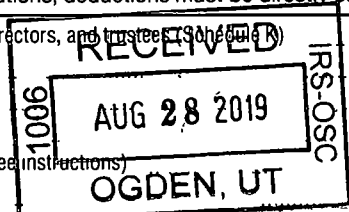
H Enter the number of the organization's unrelated trades or businesses. 1 Describe the only (or first) unrelated trade or business here SEE STATEMENT 1

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? STMT 3 Yes No

J The books are in care of SEAN WHILDEN Telephone number 478-542-7959

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows 1a-13 Total.

Table with 2 columns: Part II Deductions Not Taken Elsewhere, (A) Income, (B) Expenses, (C) Net. Rows 14-32.



SCANNED OCT 10 2019

Handwritten numbers: 67, 18

| Part III Total Unrelated Business Taxable Income | |
|--|-------------|
| 33 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) | 33 111,326. |
| 34 Amounts paid for disallowed fringes | 34 19,865. |
| 35 Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) | 35 |
| 36 Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34 | 36 131,191. |
| 37 Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions) | 37 1,000. |
| 38 Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36 | 38 130,191. |

| Part IV Tax Computation | |
|---|------------|
| 39 Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21) | 39 27,340. |
| 40 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: Tax rate schedule or Schedule D (Form 1041) | 40 |
| 41 Proxy tax. See instructions | 41 |
| 42 Alternative minimum tax (trusts only) | 42 |
| 43 Tax on Noncompliant Facility Income. See instructions | 43 |
| 44 Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies | 44 27,340. |

| Part V Tax and Payments | |
|---|-------------|
| 45a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) | 45a |
| b Other credits (see instructions) | 45b |
| c General business credit. Attach Form 3800 | 45c |
| d Credit for prior year minimum tax (attach Form 8801 or 8827) | 45d |
| e Total credits. Add lines 45a through 45d | 45e |
| 46 Subtract line 45e from line 44 | 46 27,340. |
| 47 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) | 47 |
| 48 Total tax. Add lines 46 and 47 (see instructions) | 48 27,340. |
| 49 2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2 | 49 0. |
| 50a Payments: A 2017 overpayment credited to 2018 | 50a |
| b 2018 estimated tax payments | 50b 38,360. |
| c Tax deposited with Form 8868 | 50c |
| d Foreign organizations: Tax paid or withheld at source (see instructions) | 50d |
| e Backup withholding (see instructions) | 50e |
| f Credit for small employer health insurance premiums (attach Form 8941) | 50f |
| g Other credits, adjustments, and payments: Form 2439 _____ Form 4136 _____ Other _____ Total | 50g |
| 51 Total payments. Add lines 50a through 50g | 51 38,360. |
| 52 Estimated tax penalty (see instructions). Check if Form 2220 is attached | 52 55. |
| 53 Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed | 53 |
| 54 Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid | 54 10,965. |
| 55 Enter the amount of line 54 you want: Credited to 2019 estimated tax 10,965. Refunded | 55 0. |

| Part VI Statements Regarding Certain Activities and Other Information (see instructions) | | |
|---|-----|----|
| 56 At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here | Yes | No |
| | | X |
| 57 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. | | X |
| 58 Enter the amount of tax-exempt interest received or accrued during the tax year | | \$ |

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

[Signature] 10/5/2019 CFO
(Signature of officer) (Date) Title

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

| | | | | | |
|-------------------------------|----------------------------|----------------------|------------|------------------------|--------------|
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check if self-employed | PTIN |
| | MEGAN RANDOLPH | <i>[Signature]</i> | 07/31/19 | | P00989558 |
| | Firm's name | Firm's EIN | | | |
| | WARREN AVERETT, LLC | | 45-4084437 | | |
| | 2500 ACTON ROAD | | Phone no. | | 205-979-4100 |
| | BIRMINGHAM, AL 35243 | | | | |

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► **N/A**

| | | | | | | | |
|----|---|----|--|---|--|---|--------|
| 1 | Inventory at beginning of year | 1 | | 6 | Inventory at end of year | 6 | |
| 2 | Purchases | 2 | | 7 | Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 | 7 | |
| 3 | Cost of labor | 3 | | | | | |
| 4a | Additional section 263A costs (attach schedule) | 4a | | | | | |
| b | Other costs (attach schedule) | 4b | | 8 | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? | | Yes No |
| 5 | Total. Add lines 1 through 4b | 5 | | | | | |

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1 Description of property

| | |
|-----|--|
| (1) | |
| (2) | |
| (3) | |
| (4) | |

2. Rent received or accrued

| (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |
|---|---|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| Total | 0. | Total 0. |

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ► **0.** **(b) Total deductions** Enter here and on page 1, Part I, line 8, column (B) ► **0.**

Schedule E - Unrelated Debt-Financed Income (see instructions)

| 1. Description of debt-financed property | 2. Gross income from or allocable to debt-financed property | 3. Deductions directly connected with or allocable to debt-financed property | | |
|---|---|--|--|---|
| | | (a) Straight line depreciation (attach schedule) | (b) Other deductions (attach schedule) | |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) | 6. Column 4 divided by column 5 | 7. Gross income reportable (column 2 x column 6) | 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) |
| (1) | | % | | |
| (2) | | % | | |
| (3) | | % | | |
| (4) | | % | | |
| Totals | | | Enter here and on page 1, Part I, line 7, column (A) 0. | Enter here and on page 1, Part I, line 7, column (B) 0. |
| Total dividends-received deductions included in column 8 | | | ► 0. | ► 0. |

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

| 1. Name of controlled organization | 2. Employer identification number | Exempt Controlled Organizations | | | |
|------------------------------------|-----------------------------------|---|-------------------------------------|---|--|
| | | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | 6. Deductions directly connected with income in column 5 |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |

Nonexempt Controlled Organizations

| 7. Taxable income | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10 |
|-------------------|---|-------------------------------------|--|--|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| Totals | | | Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A) | Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B) |
| | | | 0. | 0. |

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach schedule) | 4. Set-asides (attach schedule) | 5. Total deductions and set-asides (col 3 plus col 4) |
|--------------------------|---------------------|--|---------------------------------|---|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| Totals | | Enter here and on page 1, Part I, line 9, column (A) | | Enter here and on page 1, Part I, line 9, column (B) |
| | | 0. | | 0. |

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions)

| 1. Description of exploited activity | 2. Gross unrelated business income from trade or business | 3. Expenses directly connected with production of unrelated business income | 4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7 | 5. Gross income from activity that is not unrelated business income | 6. Expenses attributable to column 5 | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4) |
|--------------------------------------|---|---|---|---|--------------------------------------|---|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals | | Enter here and on page 1, Part I, line 10, col (A) | Enter here and on page 1, Part I, line 10, col (B) | | | Enter here and on page 1, Part II, line 26 |
| | | 0. | 0. | | | 0. |

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

| 1. Name of periodical | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4) |
|--|-----------------------------|-----------------------------|---|-----------------------|---------------------|--|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals (carry to Part II, line (5)) | | 0. | 0. | | | 0. |

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

| 1. Name of periodical | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4) |
|------------------------------------|--|--|---|-----------------------|---------------------|--|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals from Part I | 0. | 0. | | | | 0. |
| Totals, Part II (lines 1-5) | 0. <small>Enter here and on page 1, Part I, line 11, col (A)</small> | 0. <small>Enter here and on page 1, Part I, line 11, col (B)</small> | | | | 0. <small>Enter here and on page 1, Part II, line 27</small> |

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

| 1. Name | 2. Title | 3. Percent of time devoted to business | 4. Compensation attributable to unrelated business |
|--|----------|--|--|
| (1) | | % | |
| (2) | | % | |
| (3) | | % | |
| (4) | | % | |
| Total. Enter here and on page 1, Part II, line 14 | | | 0. |

| | | |
|------------|--|-------------|
| FORM 990-T | DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY | STATEMENT 1 |
|------------|--|-------------|

HEALTHCARE RELATED PARTNERSHIP INVESTMENT ACTIVITIES

TO FORM 990-T, PAGE 1

| | | |
|------------|---------------------------------|-------------|
| FORM 990-T | INCOME (LOSS) FROM PARTNERSHIPS | STATEMENT 2 |
|------------|---------------------------------|-------------|

| DESCRIPTION | NET INCOME OR (LOSS) |
|---|-------------------------|
| PATIENT SELECT, LLC - ORDINARY BUSINESS INCOME (LOSS) | 115,767. |
| PATIENT SELECT, LLC - OTHER INCOME (LOSS) | -4,441. |
| TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5 | 111,326. |

| | | |
|------------|--|-------------|
| FORM 990-T | PARENT CORPORATION'S NAME AND IDENTIFYING NUMBER | STATEMENT 3 |
|------------|--|-------------|

| CORPORATION'S NAME | IDENTIFYING NO |
|---------------------------------|----------------|
| HOUSTON HEALTHCARE SYSTEM, INC. | 71-1045299 |